

ST. CLOUD STATE UNIVERSITY
Athletic Department
Cancellation of 2011-2012 Athletic Aid

Student-Athlete's Name: _____

Date: _____

Sport: _____

ID #: _____

Reason for cancellation (Please check one):

- Ineligible
- Fraudulently misrepresented information on an application, letter of intent or financial aid agreement
- Voluntarily Withdrew from team
- Misconduct

Comments: _____

By signing this form the student-athlete understands that they are agreeing to the cancellation of their Athletic Aid.

Student's Signature

Date

To be completed by coach

Cancel Aid For: ____ Fall Semester Only ____ Spring Semester Only ____ Both Fall & Spring Semesters

Coach's Signature

Date

To be completed by Athletic Department

Athletic Department Signature

Date